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PTO/SB/01 (12-97)

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## 1/1364 Attorney Docket Number Christopher J. M. MEADE First Named Inventor COMPLETE IF KNOWN 10 / 614,365 **Application Number** 07/07/2003 Filing Date Group Art Unit

## **DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION** (37 CFR 1.63) □ Declaration ☑ Declaration OR Submitted Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) with Initial Filing **Examiner Name** required)

As a below named inventor, I hereby declare that:								
My residence, post office address, and citizenship are as stated below next to my name.								
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:								
New Pharmaceutical Compositions On The Basis Of New Anticholinergics And PDE-IV Inhibitors								
the specification of which (Title of the Invention)  is attached hereto								
	OR  was filed on (MM/DD/YYYY) 07/07/2003 as United States Application Number or PCT International							
Application Number 10/6	314,365 and wa	as amended on (MM/DD/	rrrr) [		(if applicable).			
I hereby state that I have re amended by any amendme	eviewed and understand the ent specifically referred to abo	contents of the above idea	ntified specification	n, including the cl	aims, as			
I acknowledge the duty to d	disclose information which is	material to patentability as	s defined in 37 CF	R 1.56.				
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.								
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Cop	py Attached? NO			
DE 102 30 769.5	Germany	07/09/2002	0000	0000				
☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:								
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.								
60/407,895	Application Number(s)         Filing Dat           60/407,895         09/03/2002		Additional provisional application numbers are listed on a					
supplemental priority da PTO/SB/02B attached h								

[Page 1 of 2]

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DECLA	RATION	_	Utility	/ Or	De	sig.	n Pate	ent A	h	nicauc	<u>)                                    </u>
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose Information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.											
U.S. Pare	ent Application	or PC	T Parent		Pa	rent F	iling Date	-   -		nt Patent N	
	Number				(1	MM/D	D/YYYY)	4		(if applicab	le)
	PCT international app										
As a named inventor, I h and Trademark Office co	onnected therewith:	Cus OF	stomer Num	ber			this applicat			ct all business Place Custo Number Bar Label he	omer Code
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Robert P. Raymo		12	<u>Num</u> 5,089	per		Susa	an K. Poc			45,016	mber
Alan R. Stempel	J.1.G		8,991				p I. Datlo			41,482	
Mary-Ellen M. De	evlin		7,928				othy X. W			40,232	
Anthony P. Bottir	no		1,629				d Á. Dow			46,124	ļ
Additional registered	d practitioner(s) name	ed on s	upplemental	Registere	ed Prac	titioner	Information s	neet PTO/S	B/020	C attached here	eto.
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Country			Telephon	ne				Fax			
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
Name of Sole or I	First Inventor:					A petiti	on has bee	n filed for	this u	ınsigned inve	entor
Given Na	Given Name (first and middle [if any]) Family Name or Surname										
Christopher J. M					ME	ADE					,
Inventor's Signature	Phrotonhe J. M. Meade. Date 08/25,					08/25/20C					
Residence: City	Ringon				Germa	ny		Citizenship	GB		
Post Office Address	Rurnstrasse 104										
Post Office Address											
City	Bingen st	ate		ZII	Р	5	5411	Count	try	Germany	
Additional invento	ors are being name	ed on t	he 1 su	pplemen	tal Ad	ditiona	Inventor(s)	sheet(s) I	PTO/	SB/02A attac	hed hereto

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## **DECLARATION**

**ADDITIONAL INVENTOR(S)** Supplemental Sheet Page \_1\_ of \_1\_

		•						
Name of Additional Joint Inventor, if ar	A petition has been filed for this unsigned inventor							
Given Name (first and middle [if any])			Family Name or Surname					
Michel	PAIF	RET						
Inventor's Signature Stilled Panel				Date 08/25/2003				
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Birkenharderstrasse 6 Mailing Address								
Mailing Address								
<sub>City</sub> Biberach	State		ZIP 88400	Country	Germany			
Name of Additional Joint Inventor, if an	ny:		A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any]	)	Family Name or Surname						
Michael P. PIEPER								
Inventor's Signature Chicker Draw D					09/07/03 Date			
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Mailing Address Geschwister-Scholl-Strasse 45								
Mailing Address								
Biberach State			ZIP 88400	Germany				
Name of Additional Joint Inventor, if any:								
Given Name (first and middle [if any])			Family Name or Sumame					
Inventor's Signature					Date			
Residence: City State			Country	Citizenship				
Mailing Address								
Mailing Address								
City	State		ZIP		Country			

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